

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____		REG. DIST. NO. <u>218</u>		PRIMARY REG. DIST. NO. <u>1003</u>		State File No. _____		42084	
REGISTRAR'S NO. <u>10798</u>									
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>				c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2239</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Enroute City Hospital</u>				4. STREET ADDRESS <u>1536 So. 8th St.</u>		6. (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) <u>Minnie</u>				a. (First) _____ b. (Middle) _____ c. (Last) <u>Carlin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 16, 1950</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>June 24, 1906</u>		9. AGE (In years last birthday) <u>44</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Bremen, Ill.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Charles Fricke</u>				13b. MOTHER'S MAIDEN NAME <u>Malissa Gladwell</u>		14. NAME OF HUSBAND OR WIFE <u>Pat Carlin</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edward G. Sell, 1243 So. 7th St.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES <u>Cortic Stenosis</u> <u>Cardiac Hypertrophy</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION _____				INTERVAL BETWEEN ONSET AND DEATH _____	
19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR _____		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6:00 p.</u> m., from the causes and on the date stated above.					
21a. SIGNATURE <u>Dr. M. J. Quinn</u>		21b. ADDRESS <u>1300 Clair</u>		21c. DATE SIGNED <u>12/19/50</u>		21d. BIRTHPLACE (City, town, or county) (State) <u>Bremen, Ill.</u>			
21e. DATE <u>12-18-50</u>		21f. NAME OF CEMETERY OR CREMATORY <u>City</u>		21g. LOCATION (City, town, or county) (State) _____		21h. DATE REC'D BY LOCAL REG. <u>DEC 18 1950</u>			
21i. REGISTRAR'S SIGNATURE <u>J. B. Foster</u>		21j. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hopper</u>		21k. ADDRESS <u>4700 Washington</u>		21l. (Licensed Embalmer's Statement on Reverse Side)			

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

John J. Haines

Signed
Student Embalmer

Licensed Embalmer No. 4108

P. O. Address St Louis MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.